

# POLICE DEPARTMENT



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## ***NEIGHBORHOOD WATCH PROGRAM*** **Registration Form**

**Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work

Date Form was completed: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Your Identification Number is: \_\_\_\_\_ (will be filled in by Police Dept.)

The neighborhood Watch Program is a cooperative effort between the Annapolis Police Department and the citizens of Annapolis. All persons involved in the program are assured that their identification will not be divulged to anyone outside of the Annapolis Police Department.

The above information is requested to maintain a record of the citizens who become involved in the Neighborhood Watch Program. Only through citizen involvement can crime in Annapolis be reduced. Your interest in the program is deeply appreciated.

Sincerely,

Crime Prevention Unit